**Submission no. 162**
AUTHORISED: 28/3/07

I wish to make a submission to the Parliamentary inquiry into breastfeeding, referring in particular to:

*Item d. Initiatives to encourage breastfeeding*

_Correct the inaccurate perception that artificial baby milk is an equal alternative to breastmilk_

Breastfeeding is the normal way to feed human babies. In our society however, an outsider relying only on their observations of what actually happens would come to the conclusion that human infants are normally fed by an infant feeding bottle, and that this bottle usually contains an artificial baby milk. This situation has arisen because of the successful marketing of manufactured baby milks. There is a common perception that artificial baby milks are an equal 'alternative', nutritionally, to breastmilk, with the one difference that someone other than the mother can feed the baby. This message is inaccurate, misleading and dangerous, as evidence steadily accumulates to show the inferiority of artificial baby milks nutritionally, and the health risks to the infant and child of not receiving breastmilk.

When the general community believes that artificial baby milk is as safe as breastmilk for a baby, a mother who wishes to give her baby breastmilk, but is having difficulty, frequently does not receive sufficient support or understanding from those around her. Those who wish to help her often suggest "Why not just give a bottle?' as a way to resolve the mother's difficulties. This suggestion would not be made so freely if those supporting the mother knew the increased health risks they are wishing on the infant by switching from breastmilk to artificial baby milk.

* increased risk of acute respiratory disease
* increased risk of developing childhood leukemia
* increased risk of Type I diabetes
* increased risk of coeliac disease
* increased risk of Crohn's disease and inflammatory bowel disease
* increased risk of obesity
* increased risk of gastrointestinal infections
* increased risk of ear infections

This evidence needs to become common knowledge among those supporting mothers, especially health professionals such as GPs, midwives and Child Health Nurses, who are the mother's first source of professional help when difficulties arise. It also needs to become common knowledge among those in the mother's primary support network - her family and friends – as common as the current 'equivalent alternative' perception which artificial baby milk enjoys today.

These risks also needs to be publicised widely to the general community. It should be common knowledge. Community recognition that breastfeeding is important will lead to better provisions to support breastfeeding mothers in the workplace. It will mean childcare workers, who are used to preparing bottles of ABM (artificial baby milk), but not EBM (expressed breastmilk), will no longer pressure breastfeeding mothers to wean prematurely.

_Packages of artificial baby milk should carry health warnings_ alerting carers to the known, clinically proven health risks of using the product. For example:

HEALTH WARNING

Babies who are fed with this product are 3 times more likely to need hospital treatment in the first 12 months of life for a respiratory infection than babies who are breastfed exclusively for 4 months or more. Be aware of this increased risk, and always seek medical attention promptly.

Bachrach VRG, Schwarz E, Bachrach LR. /Breastfeeding and the risk of hospitalisation for respiratory disease in infancy /Arch Pediatr Adolesc Med. 157:237-243, 2003

Babies who are not exclusively breastfed for over 3 months, and who do not receive primarily breastmilk during the first 12 months of life, have twice the risk of suffering from diarrhea

Dewey KG, Heinig MJ, Nommsen-Rivers LA. /Differences in morbidity between breast-fed and formula-fed infants./ J Pediatr 126:696-702, 1995

Babies who are exposed to cows milk protein before 12 months of age, which this product contains, have an increased risk of developing type I diabetes.

Babies who are fed with this product have a 40 percent increased risk of suffering from asthma and wheeze at six years of age, compared with infants who are exclusively breastfed for four months.

Oddy WH, Peat JK, de Klerk NH. /Maternal asthma, infant feeding, and the risk for asthma in childhood/. J Allergy Clin Immunol. 110: 65-67, 2002

Babies who are fed using this product are more susceptible to ear infections, and to developing 'glue ear'. Be alert to this possibility and ensure prompt medical supervision of ear infections.

Of course some mothers will still choose to artificially feed, just as some mothers still chose to smoke through pregnancy, in spite of the known risks. But currently many mothers decide to artificially feed, not knowing these risks.

There is a common argument that warnings such as these will cause mothers who cannot breastfeed their babies to feel even worse and more guilty about this 'failure'. These mothers have no reason to feel guilty. They have not 'failed'. Our community has failed them by not giving them timely support and accurate information to prevent the problems from developing. Is it right to fail them further, by concealing from them the known risks of artificial feeding which they must now take on? Accurate knowledge of the increased risks would allow these mothers to be more vigilant and pro-active in minimising these known risks. For example, a mother would realise that a mild infection which a friend's breasfed baby is recovering from, might affect her artificially-fed child more seriously, and she could take appropriate precautions.

_Financially support the existing milk banks in Australia._

_Establish milk banks in each state_, so that donated breastmilk can be available for babies who are unable to receive their own mother's milk.

Artificial baby milk is fourth on the list of appropriate ways to feed an infant, not equal first. In order of preference, the ways to feed an infant are:

1 The mother breastfeeds. If that is not possible, then

2 The baby receives its mother's breastmilk by some other means. If that is not possible, then

3 The baby receives breastmilk from a donor mother.

4 The baby receives artificial baby milk when 1, 2, and 3, are not available

By supporting an Australia-wide network of milk banks, the Government would be showing its recognition of the importance of breastmilk for an infant's short- and long-term health outcomes, and of the right of all babies to receive optimal nutrition while in hospital.

_Legislate to ensure that all artificial baby milks are of the highest quality they can possibly be./ /_ If research into the composition of breastmilk has shown that a particular additive, previously missing from artificial baby milk, is a beneficial addition that improves the health of artificially-fed babies, then that improvement should be provided to _all_ artificially fed babies. An innovation which makes artificial baby milk closer to breastmilk in some way should not be a selling point for a particular brand, able to attract a higher price from those who can afford to pay and who believe the promotional message. If it is of benefit to babies, it should be available to all. If it makes no difference, the companies should not be able to claim that it does.

_Fully implement the WHO Code_, the World Health Organisation International Code of Marketing of Breastmilk Substitutes.

Australia's current response, the MAIF agreement, is inadequate. This voluntary agreement has allowed manufacturers to promote their product and to create the perception in the general community that artificial baby milk is an innocuous, convenient replacement for breastmilk. This perception is advantageous for the manufacturers, while disadvantaging the babies who consume the product.

The Government maintains that full implementation of the WHO Code would amount to breaching the /Trade Practices Act 1974./ Does the Trade Practices Act allow a product to be sold under false pretences? The manufacturers are keen to foster the illusion that their product is an equally safe alternative to breastmilk, when it is not.

_Mount an on-going public awareness campaign that breastfeeding up to 2 years and beyond is normal. _ This awareness campaign must also reach children.

While many people are supportive of breastfeeding, they do not realise that older babies and toddlers breastfeeding is also normal and desirable. Mothers experience pressure to wean their older child, even though a longer duration of breastfeeding is entirely normal and healthy for both mother and child, and premature weaning introduces unnecessary risks for both.

Very few children's picture books show breastfeeding as the normal way that babies and young children are fed. In children's books the message children learn from the pictures is that, while newborns may breastfeed, older babies have bottles. With few exceptions, breastfeeding is only shown in books about very new babies, and bottle-feeding is often shown side-by-side with breastfeeding, reinforcing the community perception that they are equal alternatives.

_Financially support the Australian Breastfeeding Association Breastfeeding Helplines, and the on-going training undertaken by breastfeeding counsellors._

ABA Breastfeeding Helplines are provided in each state by volunteer ABA breastfeeding counsellors. On a typical 12-hour roster day on the Queensland Branch ABA Breastfeeding Helpline, I speak to 15 – 18 mothers. There are two of us rostered on each day, so that is 30+ mothers we help daily with breastfeeding issues in SE Qld alone.

There are two other regional Queensland helplines, and helplines in every other state as well. These helplines are one way of providing timely support for hundreds of mothers daily, before breastfeeding difficulties become major, insurmountable, painful breastfeeding problems that lead to premature weaning.

However, the breastfeeding counsellors, who provide this service for free, also have to spend time and energy raising money to finance their training and their on-going commitment to keeping their breastfeeding knowledge up-to-date.

_Ensure adequate national maternity leave provisions for women for six months_, so that they are not forced by financial necessity to return to the paid workforce so soon after birth, while their baby still needs to be exclusively breastfed.

_Incentives for employers to support breastfeeding mothers on their staff_

Provisions that would enable breastfeeding mothers to continue breastfeeding after their return to the paid workplace include the availability of lactation breaks, a suitable room in which to express breastmilk, flexible working hours and a phased return to full-time hours.

*Item f. Impact of breastfeeding on the long term sustainability of Australia's health system*

Money invested in supporting women to breastfeed their babies for longer will return significant benefits to Australia's health system. In the short-term, higher breastfeeding rates will result in fewer infant hospital admissions for respiratory and gastro-intestinal infections, and fewer Medicare claims for doctors visits for ear infections and allergies. In the long-term, if breastfeeding rates stay as they are or fall, there will be vastly increased costs of medical care required, as a consequence of rising rates of obesity, type I diabetes, asthma, childhood leukemia, coeliac disease, Crohn's disease and inflammatory bowel disease in the artificially-fed children, and of type II diabetes, breast cancer and osteoporosis in mothers who have not breastfed.

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